

Michigan Cancer Surveillance Program Facility and Contact Information Form

This facility and contact information form consists of two parts. The first part collects information about your reporting facility; the second part collects contact information for all cancer registry personnel at the facility or for any individuals who are involved with abstracting or reporting cancer cases to the Michigan Cancer Surveillance Program. This Facility and Contact Information Form should be filled out by the registry director or manager. Please enter name and credential information below. **Make sure you also add yourself as a contact in Part 2, starting on page 3.**

Form completed by:	
Phone or email:	

If there are future personnel or address changes, you should submit a revised form to account for those changes. This form can be downloaded from our website:
http://www.michigan.gov/mdch/0,1607,7-132-2945_5221-16586--,00.html

Please forward your completed form to Michigan Cancer Surveillance Program, attention Jetty Alverson, via one of the following methods:

- 1) Mail: Michigan Cancer Surveillance Program
Attn: Jetty Alverson
201 Townsend, 2nd Floor
Lansing, MI 48933
- 2) Fax: (517) 335-8855, Attn: Jetty Alverson
Please notify Jetty via email of your incoming fax
- 3) Email: alversong@michigan.gov

Part 1 – Facility Information

MCSP Facility Number:	
Facility Name:	
Street Address 1:	
Street Address 2:	
City:	
State:	
Zip:	
County:	
Main Facility Phone:	
Main Facility Fax:	

ACoS Approved?	
If yes, CoC Number:	
If electronic reporting, name of software system	

Other facilities you report for (name and county):

If another facility reports your cancer data, enter the name and county of that facility:

Part 2 – Contact Information

This form allows up to ten individual contact names per facility. Please enter complete information for each individual.

Note: Please enter contact information in descending order of priority. If MCSP should have questions on submitted materials, we will contact individuals in the priority order established here.

Contact Priority 1:

First Name:	
Last Name:	
Credential(s):	
Title:	
Mailing Address 1:	
Mailing Address 2:	
City:	
State:	
Zip:	
Email:	
Phone:	
Fax:	

Contact Priority 2:

First Name:	
Last Name:	
Credential(s):	
Title:	
Mailing Address 1:	
Mailing Address 2:	
City:	
State:	
Zip:	
Email:	
Phone:	
Fax:	

Contact Priority 3:

First Name:	
Last Name:	
Credential(s):	
Title:	
Mailing Address 1:	
Mailing Address 2:	
City:	
State:	
Zip:	
Email:	
Phone:	
Fax:	

Contact Priority 4:

First Name:	
Last Name:	
Credential(s):	
Title:	
Mailing Address 1:	
Mailing Address 2:	
City:	
State:	
Zip:	
Email:	
Phone:	
Fax:	

Contact Priority 5:

First Name:	
Last Name:	
Credential(s):	
Title:	
Mailing Address 1:	
Mailing Address 2:	
City:	
State:	
Zip:	
Email:	
Phone:	
Fax:	

Contact Priority 6:

First Name:	
Last Name:	
Credential(s):	
Title:	
Mailing Address 1:	
Mailing Address 2:	
City:	
State:	
Zip:	
Email:	
Phone:	
Fax:	

Contact Priority 7:

First Name:	
Last Name:	
Credential(s):	
Title:	
Mailing Address 1:	
Mailing Address 2:	
City:	
State:	
Zip:	
Email:	
Phone:	
Fax:	

Contact Priority 8:

First Name:	
Last Name:	
Credential(s):	
Title:	
Mailing Address 1:	
Mailing Address 2:	
City:	
State:	
Zip:	
Email:	
Phone:	
Fax:	

Contact Priority 9:

First Name:	
Last Name:	
Credential(s):	
Title:	
Mailing Address 1:	
Mailing Address 2:	
City:	
State:	
Zip:	
Email:	
Phone:	
Fax:	

Contact Priority 10:

First Name:	
Last Name:	
Credential(s):	
Title:	
Mailing Address 1:	
Mailing Address 2:	
City:	
State:	
Zip:	
Email:	
Phone:	
Fax:	